

LAW IN THE SERVICE OF HUMAN NEEDS  
**CUNY SCHOOL OF LAW**  
CITY UNIVERSITY OF NEW YORK

65-21 MAIN STREET  
FLUSHING, NEW YORK 11367

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**DIRECTORY INFORMATION NON-DISCLOSURE FORM**

This form must be filed with the Office of Registration and Student Records Management if you do not wish any or all directory information disclosed without your prior consent. Directory information otherwise may be available to any parties deemed to have a legitimate interest in the information. The instructions on this form may be changed at any time by filing a new form with the Office of Registration and Student Records Management. You should initial the appropriate spaces.

Name of Student: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

A. \_\_\_\_ I do not want any directory information disclosed without my prior consent. *(If you initial this space you do not have to fill out the rest of this form, but must date and sign below.)*

B. \_\_\_\_ I do not want the following categories of directory information disclosed without my prior consent.  
**INITIAL THOSE ITEMS THAT YOU DO NOT WANT RELEASED.**

\_\_\_\_ Name

\_\_\_\_ Permanent home address

\_\_\_\_ Current address

\_\_\_\_ Email address

\_\_\_\_ Current telephone number

\_\_\_\_ Permanent home telephone number

\_\_\_\_ Place of birth

\_\_\_\_ Participation in officially recognized student activities and sports

\_\_\_\_ Date of birth

\_\_\_\_ Level of education (credits) completed

\_\_\_\_ Dates of attendance

\_\_\_\_ Most recent previous educational institution attended by the student

\_\_\_\_ Degrees and awards received

\_\_\_\_ Photograph

\_\_\_\_ Full or part-time status

\_\_\_\_ Enrollment status

C. \_\_\_\_ I want my prior instructions not to release directory information withdrawn. I now authorize the college to release all of my directory information to parties with a legitimate interest.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

